

PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

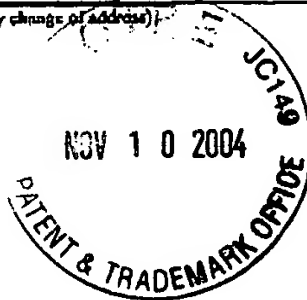
7590

09/30/2004

Scimed Life Systems Inc
One Scimed Place
M.S. A150
Maple Grove, MN 55311-1566

11/12/2004 NNGUYEN2 00000101 220350 09710394

01 FC:1501 1370.00 DA



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

X Elizabeth A. Deutsch	(Depositor's name)
<i>Elizabeth A. Deutsch</i>	(Signature)
November 10, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/710,394	11/10/2000	Show-Meen Wu	20788-01	5370

TITLE OF INVENTION: BLENDED POLYURETHANE INTERVENTIONAL BALLOON

563.2-11048 USD

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665 1370.00	\$0	\$665 1370.00	12/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, SANDRA M	1772	428-035700

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

VIDAS, ARRETT & STEINKRAUS
 2 _____
 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

X Scimed Life Systems, Inc.

Maple Grove, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee
☐ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 22-0350 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date

X Typed or printed name

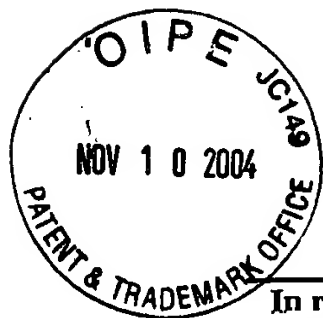
Lisa Ryan-Lindquist

Registration No.

43,071

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	Show-Mean Wu
Application No.:	09/710394
Filed:	November 10, 2000
For:	Blended Polyurethane Interventional Balloon
Examiner:	Mr. Paul H. Burmeister
Group Art Unit:	1772
Firm Docket No.:	S63.2B-11048-US01

MAIL STOP ISSUE FEE

DATE: November 10 2004 TIME: _____ FACSIMILE NO.: 1-703-746-4000TOTAL NUMBER OF PAGES (including transmittal letter): 4

FACSIMILE TRANSMITTAL LETTER

Following please find a(n) 1 page PTOL-85 form for Paying Issue Fee; 1 page Fee Address Indication Form ; and 1 page Facsimile Transmittal Letter.

With respect to fees: ☐ No additional fee is believed to be required
☒ Charge \$1370.00 fee to our Deposit Account No. 22-0350

Conditional Petition

If any extension of time for the accompanying response is required or if a petition for any other matter is required, applicant requests that this be considered a petition therefore.

If any additional fees associated with this communication are required and have not otherwise been paid, please charge the additional fees to Deposit Account No. 22-0350. Please credit overpayment associated with this communication to the Deposit Account No. 22-0350.

Respectfully submitted,
VIDAS, ARRETT & STEINKRAUS

Date: November 10 2004

By: Lisa R. Lindquist
Registration No. 43071

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Minnetonka, MN 55343-9185
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Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-703-746-4000, on November 10 2004.

Signature: Elizabeth A. Deutsch
Elizabeth A. Deutsch